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ABSTRACT

Presented is a curriculum plan designed for use in a socialization and human sexuality program for handicapped young adults. Notes to the teacher cover topics such as establishment of trust and clarification of the sexual attitudes of self and others. The need for relating to parents of students is explained and suggestions of appropriate topics and techniques for discussion are included. Provided are objectives, definitions, activities, and subjects for discussion in curriculum areas concerning "getting to know yourself" and "relating to others", such as the following: feeling, recognizing, and knowing emotions; getting to know our body, erotic fantasies, physical disabilities relating to masturbation and intercourse, sex roles, and sexual independence. Appended are a list of additional techniques and activities for parents and students; and a list of resources such as charts, books, models, kits, and other teaching aids. (IM)

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A HUMAN SEXUALITY

and

SOCIALIZATION CURRICULUM

Designed For Everyone

Physically Disabled

Emotionally Disabled

Mentally Disabled

Socially Disabled

Non-disabled

by

GLORIA J. BLUM

BARRY BLUM, M.D.

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HUMAN SEXUALITY AND SOCIALIZATION CURRICULUM

by

Gloria J. Blum
Barry Blum, M.D.

NOTES TO THE TEACHER

Sex has been a subject of interest and fascination ever since woman and man began. Although sex may be a "natural" function, open discussion of sexual matters is often difficult and threatening - taboo, comparison, titilation, embarrassment, shame, misunderstanding replace productive and informative communication - whether with sex partners, friends, counselors, teachers, physicians, clergy, parents or children.

When one's car is not running properly or one's arm is aching, it is a simple matter of asking a friend or professional for advice. But when one has a question about their own sexuality, even if he or she can ask somebody, there may not be someone around willing to answer. Are you someone comfortable and willing to listen and answer such questions? How are you feeling right now, imagining yourself in this situation?

Before embarking on your Human Sexuality Unit with your students, it is vital that you allow yourself to feel, understand and acknowledge your own sexuality. This may require confronting your own preferences, prejudices and limits. You will gain insight if you are aware of the areas of your sexuality that you feel comfortable with and those that make you uneasy.

The following is a list of questions and statements derived in part from a "Sexual Attitudes and Beliefs Inventory" * developed by the Human Sexuality Program at the University of California in San Francisco. As you read these questions, experience how you feel and react to each item. There are no correct answers. It's okay to feel. You're okay to feel!

1. The average man wants sex more than the average woman. *
2. I would feel comfortable making friends with a homosexual of my own sex. *
3. In my own marriage, I would consider it more important for the husband than the wife to be sexually experienced. *
4. I would feel comfortable and confident counseling a homosexual couple having sexual problems in their relationship.
5. I would feel some shame in telling a doctor that I had contacted a venereal disease (V.D.). *
6. I cannot help feeling some distaste at the thought of crippled people engaging in sex.
7. It is the woman's responsibility to protect herself against pregnancy. *
8. Mate-swapping among consenting participants should be regarded as an acceptable sexual activity. *

*9. Masturbation should not be used as a release of sexual tension if a suitable sexual partner is available.

*10. It is unlikely that a man can find much satisfaction in a sexual relationship if he and his partner are not in love with one another.

*11. Easy availability of birth control information and devices tends to encourage sexual promiscuity.

*12. Regualr masturbation by females before and after puberty may endanger the achievement of orgasm (through intercourse).

13. Nongenital sex is an inadequate alternative to genital sex.

14. What constitutes being an adult?

15. Who should decide who is allowed to have sex and who isn't?

16. Sex should be important to everyone.

17. Do you enjoy being touched?...by men?...by women?

18. Anal intercourse is as natural as vaginal intercourse.

*19. Using a mechanical device such as a vibrator or artificial penis for sexual stimulation of self or partner is an enjoyable experience.

20. Sex with more than one other person present prevents intimacy.

21. Parents should allow their daughters as much sexual freedom as they allow their sons.

22. It is important for sexual partners to achieve simultaneous orgasm.

23. How do you feel about being a facilitator for two physically handicapped individuals desiring sex?

24. Would you feel comfortable undressing two physically handicapped individuals desiring sex with each other?

25. Sexual fantasizing during sex is a direct insult to the other person.

*26. A woman or orally stimulates her partner is performing a submissive act.

27. A person desiring oral-anal stimulation is degrading their partner.

*28. How would you rate your own sexual attitudes a compared with those of the average person?

a. Very liberal
b. Somewhat liberal
c. Moderate
d. Somewhat conservative
e. Very conservative

If you are interested in developing skills in this area, see Appendix for programs available.

RELATING TO PARENTS OF DISABLED YOUNG ADULTS

You can choose to experience some of the different feelings associated with your own sexuality in order for you to be clear enough to guide others to feel good about themselves sexually. To create a socialization human sexuality program for disabled children and young adults, parents must consent and support such a program. This may offer you some challenging problems since these parents are often people who may see themselves as having gotten into trouble through their sexuality -- the product of that activity being an abnormal child -- who may appear to be to them a reflection of their sexuality together. How do you reach stigmatized parents?

As coordinator of this program, you will be following the energy and interst of the parents at a comfortable pace. There are some movies and slides and guest speakers available through various agencies* which will stimulate more discussion and openness. The slide show "Genesis" is a particularly gentle and non-threatening introduction.

If you could help to establish an attitude of trust whereby parents could put aside their judgements about themselves and sexuality, and instead merely watch themselves react to various areas discussed, they could then get acquainted with their own buttons and barriers. If this is a genuinely agreed upon goal of each member in the parent group, you will have come a long way in changing the old attitudes that are directly affecting your students' and parents' lives. You may consider at this point forming an ongoing parent discussion or a rap group to provide an apportunity for parents to share common experiences. In this way, they will be able to support each other as they unload themselves of guilt, resentment, fears and secrets with which they have burdened themselves for years. Remember, the development and enhancement of self esteem for the children and the parents is primary.

As you recall, you neede to clarify your own attitudes toward sexuality before working with others' attitudes. So, too, do parents have to clarify their own attitudes. Remember, sex doesn't have to be a heavy subject. Sex is, after all, fun and feels good -- so the lighter the mood, the better. Wouldn't it be wonderful if we could all sit around and talk about sex with the same ease and confort we feel when we talk about movies politics or a football game? So, here are some myths to which parents may enjoy responding (you may want to include some of the items from The Sexual Attitudes and Beliefs Inventory):

TRUE OR FALSE

1. For a couple to have a successful sexual relationship they must have sexual relations with orgasm at least twice a week.

*see appendix

2. When a sexual problem exists in a marraige, it is almost always the fault of the female partner.
3. Most sexual dysfunction desappears one the partner whose fault it is accepts the blame.
4. The amount of sexual pleasure a woman receives is directly proportional to the size of the man's organ.
5. Orgasm through masturbation is irrelevant, especially for women.
6. Making love with the lights on is more arousing, but is bad.
7. Women are more sensual than men.
8. Men are more sexual than women.

Many parents view their handicapped daughter or son as asexual or devoid of any sexual or sensual desires, much less that they are able to satisfy any of these desires in any way. No wonder the disabled young people also view themselves as asexual. It would be totally unfair to dump blame on the parents, the disabled, or anyone. There is no blame. Instead there is a situation that has great promise to be resolved, when there is cooperation of everyone involved - directly or indirectly. Parents need to become aware that there are people who are severely handicapped (loss of sensation, movement, movement control and body parts) who still have a very satisfactory sexual, sensual and emotional interpersonal relationship whether heterosexual, homosexual, autosexual or any combination. And these relationships are satisfying not only to themselves, but also to their partners.

How can you change many of the myths parents have about themselves and their handicapped children? Especially when these myths have been incorporated into a belief system that feels comfortable for them?

One way may be to compile a list of myths appropriate for discussion. These myths may also be useful for discussions with students. Here are some examples of prevailing myths pertaining to the disabled population:

1. Disabled young adults are too immature to effectively integrate their feelings and desires; therefore they are best off not getting involved at a sexual level.
2. Disabled young people with cerebral palsy, because of their physical handicaps, would experience severely painful spasms with sexual activity. Therefore, for their own good, sexual activity should be discouraged.
3. People take sexual advantage of the disabled.
4. Disabled persons are too dependent to have a satisfactory sex life.
5. Passive behavior is the only option available to the handicapped, both socially and sexually. Aggressive behavior will be rejected.
6. Sexual energy should be channeled to more important purposes (schoolwork, P.T., hobbies, etc.)
7. Sexual responses are only for married couples to please the partner.
8. Spinal cord injured people cannot experience sexual pleasure.
9. Spinal cord injured people cannot provide sexual pleasure.

for any partner.
10. Spinal cord injured people cannot sire nor conceive offspring.
11. Disabled persons cannot make love normally, nor in the right way.
12. Physically disabled people do not like to touch others, nor be touched.
13. Normal sensation must be present in the genitalia; otherwise no satisfying sexual experience may take place.
14. To maintain one's dignity in lovemaking, one must hold everything in -- examples: breathing, sounds, movements, excitement.
15. You are only as other people perceive you.

More activities and techniques for discussion are to be found in Appendix.

Now, assuming that you have the support of the parents and the school, you will need to know the needs, maturity levels, social understanding, sophistication, physical condition, etc. of each young adult with whom you will be meeting. It is quite probable that only one or two in the group will be near ready to hear and talk about their sexuality. You may find your class needs more experience developing socialization skills and sharing their feelings about how they feel about themselves in relation to other disabled and non-disabled young people and adults.

Developing self esteem is the fundamental learning experience throughout. The techniques, mythes, etc. described previously and in the Appendices for getting in touch with your own feelings and for encouraging the parents to realize their own feelings, are also useful with students. Use your own good judgement as to when and where this material can be best used with your students.

Initial experiences you may want to offer to your students in the direction of positive self-awareness and developing socialization skills are included in the following areas. (Note: Each exercise must be followed by enough time to share feelings, thoughts, and other reactions. Here is where your own sensitivity is your greatest asset!)

A. Feeling, recognizing and knowing emotions.
B. Experiencing ourselves through our senses.
C. Getting to know our bodies - (male sex system, female sex system, slang terms, menstruation, seminal emissions, masturbation, intercourse, reproduction, birth control, venereal diseases).
D. Relating to others - (making out, petting, being masculine, being feminine, homosexual behavior)
E. How independent can each of you become?

You will see that each of these areas can be explored on many levels, depending on the age, maturity, interest and sophistication of the students. The choices will be yours.

FEELING, RECOGNIZING AND KNOWING EMOTIONS

Objectives

To become aware of situations which cause specific and general emotional reactions.
To interpret facial expressions showing emotions.
To interpret different body language expressing emotions of happiness, unhappiness, anger and fear.
Interpreting another's emotions as that other person's own feelings - not as an indication of who you are.
To become aware of emotions changing as situations change.
To become aware of emotions expressed in different tones of voice.
To recognize and express different ways people respond to emotions and situations.
To recognize and express the consequences of different emotional reactions.
To become aware of music creating moods for emotion.

You have probably discovered how difficult it is to find the right words to express exactly how people feel about themselves, others and experiences. Sometimes people really don't know how they feel about things until they actually hear themselves (or another person) verbalize - describe - what is going on inside. The following activities are designed to develop verbal skills during the process of feeling, recognizing and knowing emotions. Adapt the exercises to meet the specific needs, interests, intellectual level, maturity and general readiness level of your individual students and yourself.

WORDS THAT HELP US DESCRIBE AND RECOGNIZE HOW WE FEEL

Words of Happiness: I am feeling.....

excited	cheerful	content	restored
touched	enchanted	bliss	unburdened
pleased	joy	relief	optimistic
enjoyment	pleasure	comfortable	satisfied
delight	whole, complete		

Words of Unhappiness: I am feeling.....

disappointed	grief	in tears	glum
pain	lost	bitter	tired
pessimistic	abandoned	irritable	bored
suffering	stranded	annoyed	worn-out
uneasy	crushed	obsessed	helpless
heavy inside	sorry	rejected	hopeless
burdened	regret		

Words of Anger: I am feeling.....

tied up inside
confined
disheartened
wrought up
annoyed
disturbed
provoked
pushed
ignored
disappointed
hurt
mislead
abandoned
stranded
"I'll show you"
guilt
"I must protect myself"
"I want to control you"
vengence
depressed
rushed
"I won't be controlled"
"I want you to love me more"
"I want your attention"
impatient
rejected
nervous

Words of Fear: I am feeling.....

"I'll be rejected"
cautious
loss of control
caught
embarrassed
want of confidence
threatened
shy
painful
catastrophic expections
(the worst will happen)
"I'm not doing what I want to do"
worried
repelled
afraid
"They'll see what I'm really like"
distrust
hesitant
suspicious
anxiety - the distance between now and then

A. Learning words to express happiness.
   1. Hand out a list of "Words of Happiness" to each student. Students check the words they are familiar with..either through experience or general use.
   2. Talk about the words in the list...applying them to experiences in school perhaps.
   3. Add more "Words of Happiness" to the list with class participation.

B. Exploring emotional situations and expressions
   1. Have the students close their eyes and think back -- as far back as they need - "back when you last felt happy, really happy" - there you were... picture yourself there. What did your eyes look like? Your eye brows? Your mouth? Your cheeks, your shoulders? Your arms and hands? What sounds were you making to express how you felt? Who was there? Where were you located? What was going on around you? How do you know you were happy?
   2. Encourage students to share this remembrance of happiness answering each question.
   3. Describe a situation that has or would make you feel happy. Perhaps it was when or if someone expressed something special to you either verbally or nonverbally.
      a. How did/would they express the message to you?
      b. To what degree did/would you feel happy? Find a word in the list to say exactly how you felt.
      c. How have/would you express to another person a happy feeling in a specific situation, verbally and nonverbally.

d. Experiment with different tones of voice in expressing emotions in list.
e. Experiment with different facial expressions people use to express happiness words nonverbally.
f. Explore different gestures people can use to express feelings listed. (You may enjoy using a game-like structure similar to charades. One person - or several - at a time may choose one out of five of the list to communicate with facial expression and/or body gestures while the class tries to guess which feeling word is being communicated).

4. List four headings on the board similar to: Ecstatically Happy!; Delighted!; Pleased; and Content. Students share experiences or situations that would/did bring on each feeling and how that feeling was expressed and received.
   Example: Told parents how I really felt about their decision that I couldn't go out with my friends. Then they changed their minds and said I could go! I was so ecstatically happy that I hugged them both, and they kissed me back.

C. Learning words to express unhappiness. Hand out a list of "Words of Unhappiness" to each student. Students check the words with which they are familiar. Apply "A" (above) to Unhappiness.
D. Exploring emotional situations and expressions - Apply #1-4 to Unhappiness.
E. Learning words to express Anger. Hand out list of "Words of Anger" to each student. Apply "A" (above) to Anger.
F. Exploring emotional situations and expressions - Apply #1-4 to Anger
G. Learning words to express fear. Hand out a list of "Words of Fear" to each sutdent. Apply "A" (above) to fear
H. Exploring emotional situations and expressions - Apply #1-4 to Fear.
I. Read or tell an emotional situation (either made up or experienced by yourself or students, from the newspaper, a magazine, a book). Each student decides on the most specific feeling word(s) to describe how the person experiencing the situation may have felt.
J. You or a student reads or makes up a short statement loaded with emotional content directed out toward the students. Each student identifies how they felt hearing this and how the person who said it may have felt. For example: "Why did you tell Susan that you really don't like me?
K. Experiencing music as creating and changing moods for emotion.
   1. Each student brings in records - music-- that create different moods for them.
   2. Play the music and each student will compare with each other the mood or emotion they experienced at the same time.

L. If you are feeling "stuck" in an emotion, what are some ways you can change how you feel? Here are some suggestions:
1. Identify how I feel (verbally or nonverbally)
2. Express how I feel either directly to the person it concerns verbally, in writing as in a letter; or indirectly to a mutual friend, or to a pillow or a punching bag. Have a good cry or laugh.
3. Change your situations.
4. Allow yourself to let go of the feeling. (for example: Imagine yourself holding on to a feeling as you clutch a a towel as tightly as you can. Then let go of the feeling as you let go of the towel.)

POEM
by
Bernard Gunther

Creativity
is being yourself,
expressing,
not a forced task,
but an over out flowing
of the unique you.
Each of us is uniquely gifted;
but most people wrap their
presents
in a tightly restricting
conforming personality box,
creativity blocked.
The procedures in the floowing activities
can help you bring you out
from under wraps
and knock your
block off.
Sleeping nature
unlocks
jack out of
the box
spring!

EXPERIENCING OURSELVES THROUGH OUR SENSES

Objectives

To experience an awareness of how we and others respond to various fragrance, odors, smells.
To express how different smells affect us and others.
To explore and experience different sensations of touch on our body.
To encourage body exploration to discover how and where stimulation is experienced.
To experience different ways in which we touch a friend.
To express how we feel when we are being touched or touch another person.
To experience nonverbal communication through touching.

To experience one's own sensuality through touching and being touched
To mindfully experience tasting differecnt textures, flavors, spices.
To experience what smell and taste have in common.
To become aware of how we respond to visual input.
To become aware of how we control our own visual image.
To express feelings about our own body image.
To become aware of how we project our body image to others.
To experience classmates as sensual human beings.
To share experiences verbally and nonverbally.
To experience one's body in new ways.
To gain self awareness and responsibility for one's appearance.

From the moment you were born you were a sensual human being. You sensed the temperature of the outside world, you sensed the bright lights in the room, you sensed the warmth of your mother's arms, the smoothness and softness of her breast next to your cheek. You tasted and sucked anything you could bring to your mouth. You sensed the sound of your mother's voice soothing you. You sensed the warmth, smell and texture or your feces in your diaper. You spent hours exploring; touching, smelling, tasting, watching, listening to your own body and the body of the person holding you. Each of us has had this natural gift from the very begining of our life...and still do!

A. Experiencing ourselves through our sense of smell
   1. Each student brings samples of things they found outside produced by nature to share with the class.
      a. Things that brought them pleasure to smell
      b. Things that brought them displeasure to smell.
   2. Each student brings to class perfumes, essences, soaps, deodorants, shampoo, hair sprays, hair tonic, etc.
      a. Which fragrance would you enjoy smelling on a male? Female? Why?
      b. What kinds of smells make you want to get close to a person?
      c. What kind of smells do you move away from?
         1. sweat - (isn't necessarily a turn off - is often pleasurable!)
         2. urine - (NOTE: Some of the students with a catheter or Foley bag may want to check out how they are being perceived olfactorily.)
         3. menstrual fluid during period - an opportunity for the women to check that aspect out.
         4. breath - what kinds of breath turns you on? and off?
   3. Each brings their favorite smell to share
   4. Categorize or match jars according to the odor of their contents.

B. Experiencing ourselves through our sense of touch.

1. Feel and discuss different textures on your fingers, face, feet, etc. ...examples: a flower, velvet, sandpaper, a baby, an orange, a bird, a dog, paper - oils, washing your hands with soap, Vasoline, etc.
   a. How do each feel to you?
   b. How do you touch...a flower, a baby, a pillow, etc?
2. How do you touch a friend?...an enemy?...a stranger?
   a. To get their attention?
   b. To free yourself from each?
   c. To convey different messages...?
3. Touching our own body in different ways
   a. tapping with finger tips on head and face
   b. Slapping (palms and fingers held flat)
      1). head, face, down entire body.
      2). chest while vocalizing "ahhh" getting louder and then softer, inhaling and exhaling deeply.
   c. Place hands apart on belly - close eyes for three minutes and follow your breath, the moving air, as it passes your nose, throat, lungs, diaphragm, belly.
   d. Experience squeezing your body with your hands.
   e. Experience a light touch - so light that you get goose-bumps. (face, neck, shoulders, arm pits, chest...down to feet bottoms.)
4. Touching another's body and being touched in different ways.
   a. Take turns shaking each other's hand - with eyes closed.
      1). Each person has his/her own touch and own experience in touching and being touched.
      2). Good leading questions:
         a). What felt good? What didn't feel good? How did you experience yourself? How did you experience your partner?
   b. Do light touch exercises such as tapping, slapping, squeezing a partner (eyes closed, then share experiences with the above questions.
   c. Explore and get acquainted with another's hands (eyes closed) and progress up to wrists, fore amrs, elbows, upper arms and shoulders.
      1). Try different squeezes and pressures.
      2). Holding hands, allow your hands to express how they feel about your partner's hands, to your partner's hands.
      3). Rap session.
   d. Hands in a pile (eyes closed), bottom hand lifts to the top. Pour oil on the hands as they move. Try ice water.

C. Experiencing ourselves through our sense of taste.
   1. Blind folded - identify different substances and textures of food by tasting. Discuss how you can tell a nonfood from a food...
   2. Understanding that smell influences taste...smell and taste different spices. Hold your nose tasting. Inhale through your nose tasting. Exhale through your nose tasting.
   3. Explore the tastes of your own body. (How would you describe it?)
   4. Everyone mindfully, slowly, and completely, chew a piece of bread (homemade, preferable...perhaps one of the students could prepare this treat!) with their eyes closed... together...

D. Experiencing ourselves through our sense of hearing

   1. Identify pleasant and unpleasant sounds
   2. Identify pleasant and unpleasant voice qualities and volumes.
   3. Experienc different music for different moods and activities.
   4. How can we tell if someone is listening?...not listening?
   5. Experienc different environmental sounds.
   6. Listen to your breathing.
   7. Experiment with talking or singing with different voice qualities, pace and volume. (Try variations on a short joke.)

E. Experiencing ourselves through our sense of vision

   1. Explore different interpretations of a picture of action (Perhaps a pantomime of visual type of communication).
   2. Explore visually sensual things, people, colors, etc.
   3. Experience different visual input appealing to emotions.
   4. How we respond to the visual input in our environment (especially to seeing our friends).
   5. How we present our own visual image. Food for thought.
      a. Explore different facial expressions
      b. Explore different posture and positioning.
      c. Experiment with different gestures
      d. Experiment with different movement
      e. Experiment with different mannerisms
      f. Experiment with different breathing
      g. Where you locate your body in relation to the viewer. (close or distant)
      h. Eye contact
      i. Dress, style, fit, colors and general grooming and neatness

(Teacher: Zap everyone with an extra amount of positive energy - including yourself!)

Rap session - what we like about each other's visual image and how we could improve (Allow extra time for this subject)

You are all more than a body...we all know that! Each of you are beautiful, sensitive, aware spirits who are housed in a body. Your body is your temple where you live. You are free to treat your temple (body) with respect and love or not. What are ways in which you show love and respect to your body? What are the ways in which you don't? You have choices of how you want to present your physical form or image to the world you live with. What are some of the choices you have considered and acted on? Which are the choices you considered and didn't act on? (If you have access to video-tape equipment, this is and excellent media for feedback on body image).

GETTING TO KNOW OUR OWN BODY

Objectives

To gain understanding of the male anatomy and how it works
To gain understanding of the female anatomy and how it works
To become aware of similarities in male and female anatomy
To understand the process of puberty in males and females
To understand the process of menstration
To express feelings associated with bodily and emotional changes occurring during puberty.

SEE APPENDIX FOR ACTIVITIES TO INTRODUCE AND CLARIFY THIS SECTION

I. Male Sexual System

A. Anatomy includes: (not usually altered in disabled individuals)
   1. Penis (cock, dick, organ, prick, weenie, peter, thing, wang, pecker)
   2. Urethra
   3. Scrotum (sack, bag)
   4. Testes (testicles, balls, nuts, gonads, gones)
   5. Vas deferens
   6. Seminal vesicle
   7 Prostate

B. Anatomy Illustrations are available
   1. Charts
      a. Illustrations of similarities of external male and female genitalia; development from undifferentiated into differentiated stage.
      b. Planned Parenthood Chart - showing sexual male and female anatomy separately and in teenage male and female bodies (drawings)

C. Puberty (and adolescence are often prolonged. It takes dependent people longer to gain a sexual identity.)
   1. When? Usually between ages 13-18...sometimes greater variations than this - earlier or later.
   2. What happens? Discuss briefly - male sex hormonal production (the roles of the pituitary gland and hypothalmus) increasing and causing the following:
      a. Primary sexual characteristics (occurring simultaneously)
         1.) Penis, testicles, prostate and seminal vesicles

enlarge and mature
2.) testicles begin to produce spermatozoa

b. Secondary sexual characteristics
1.) appearance of facial hair, axillary body hair, pubic hair, possibly a change in hairline later on
2.) voice deepens, change in body configurations
3.) acne; bone and muscle growth spurt followed by cessation of bone growth
4.) hormonal secretion, libido, increased frequency of erections (Note: spastic people have normal erections)

c. Start experiencing feeling "horny" - the male students form a "rap" group and discuss and share the changes and feelings they have/are experiencing while the women and class share their feelings.

D. Seminal Emissions
1. What is it? Involuntary nonintentional release of seminal fluid. This is a perfectly normal, natural phenomenon not necessitating feelings of guilt.
2. When? During erotic dreams - "wet dreams" which culminate with ejaculation.
3. HOw? Psychological stimulation (fantasy) or from physical stimulation - sheets or bed clothes rubbing and causing stimulation.

SEE APPENDIX FOR ACTIVITIES TO INTRODUCE AND CLARIFY THIS SECTION

II. Female Sexual System

A. Internal Sex Organs
1. vagina
2. uterus - cervix
3. fallopian tubes
4. ovaries

B. External Sex Organs
1. nons veneris
2. vulva (box, cunt, pussy, snatch, crack, beaver)
3. labia majora (outer lips)
4. labia minora (inner lips)
5. hymen (cherry, maidenhead)
6. clitoris (clit, button)
7. urethra
8. Bartholin's glands
9. secondary sex organs; breasts, nipples.

C. Anatomy Charts and Illustrations (material suggested on previous page)

D. Puberty

1. When? Marked by onset of menstruation, commonly between ages 10-14 - sometimes occurring earlier or later.
2. What happens? Discuss hormonal changes (involving pituitary gland and hypothalamus) causing:
   a. acillary hair develops, pubic hair appears
   b. breasts develop, body contours rounded, uterus enlarges
   c. bone growth stops (girls usually reach puberty before boys do; they stop growing in height earlier as well)
3. Menstruation - If a student has a physical disability affecting the central nervous system especially the pituitary gland or hypothalamus, menstruation may be affected.
   a. Use anatomy chart/illustration in describing the process involved. Information describing the process and cycle of ovulation is available in most health text books.
   b. Menstrual discharge: What is it? How much?
      1.) blood
      2.) mucus and endometrial tissue
      3.) approximately 2 ounces during period
   c. cycles of onset of period range from 26-34 days (range may vary)
      1.) may be irregular until ages 18-20 years
      2.) irregularities after age 20 may be related to emotional stress.
   d. duration of period (discharge) from 3-7 days. (longer may indicate some abnormal condition)
   e. some women experience the following symptoms:
      1.) menstrual pains related to uterine spasms (cramps); cramps usually decrease after childbirth
      2.) migraine type headaches
      3.) weight fain due to retention of fluids or increased appetite, swollen ankles
   f. what do we do with discharge? Show samples of:
      1.) pads, tampax, tampons, shields, menstrual aspirators, etc.
      2.) how do we use and properly place each?
         a.) The women may want to form their own group(s) to share techniques they may have discovered to work.
         b.) The women may whant to share feelings, attitudes and experiences before, during and related to their periods.

MASTURBATION

Objectives:

To clarify what masturbation is
To communicate that masturbation is : normal, pleasurable, an accepted method of achieving sexual satisfaction.
To become aware of the myths that affect our emotions and attitudes toward masturbation and ourselves.
To become aware of erogenous zones.
To become aware of the rôle of erotic fantasies in sexuality.
To become aware of devices available for masturbation.
To become aware of masturbation as natural and okay with a partner.
To become aware of how an individual's disability relates to masturbation and orgasm.

"Masturbation is the act of rhythmically rubbing or stroking the penis or pressing the genital area or stimulating the clitoris with the fingers. Either sex may also masturbate with friction against objects. This stimulation produces pleasure and with sufficient activity may lead to orgasm. Masturbation is more frequently enjoyed alone but may also be a mutual experience."(2)

The act of giving one's self sexual pleasure through touching parts of our body arousing sexual excitement is called masturbation; a way of smiling to ourselves,taking time to be good to ourselves in a very natural way. Only you can really know what is "natural" and exciting for you by experimenting and experiencing this playful pleasure in an infinite number of ways. It is the most personal way you can use your imagination. By knowing how to give yourself pleasure, then you will also know how to teach or show your partner how and where you enjoy being stimulated.

"Seeking sexual satisfaction is a basic drive, and masturbation is our first natural sexual activity. It's the way we discover our eroticism, the way we learn to respond sexually, a way we learn to love ourselves and build self-esteem. Sexual skill and the ability to respond are not "natural" in our society. Doing what "comes naturally" for us is to be sexually inhibited. Sex is like any other skill - it has to be learned and practiced. When a woman or man masturbates, she/he learns to like her/his own genitals, to enjoy sex and orgasm, and furthermore, to become proficient and independent about it. Our society is made uncomfortable by sexually proficient and independent individuals." (5)

Many of us experience this discomfort by feeling guilty and fearful of "being found out" by adults who don't understand. They too, may not have recognized their own rights as sexual human beings; they too were influenced by parents, peers and clergy who felt that masturbation was bad and caused all kinds of catastrophic consequences. (if masturbation brings on overwhelming feelings of guilt and anxiety, THEN it is considered harmful to you.) Here are some myths that cause conflict:

A. Masturbation will cause hair or warts to grow on one's palms.
B. God will punish anyone who touches themselves "down below".
C. If you masturbate you will lose the energy needed to accomplish anything.
   Note: Statistics show that the better educated person (especially if female) was more likely to masturbate before and after marriage. Why?...More educated people are less fearful of masturbation being a health hazard.
D. Masturbation is unhealthy, unnatural and what kind of person would even want to do it? Yecch!
E. People who masturbate are more likely to become sex criminals.
F. People who masturbate cannot achieve orgasm with a partner
G. Masturbation will threaten sexual relationships. No one will respect you or want to be with you if they know.
H. Masturbation causes: "insanity; epilepsy; headaches; eye disease; intermittant deafness; redness of nose, nose bleeds; hallucinations of smell and hearing; hypertrophy; tenderness in the breasts; afflictions of the ovaries, uterus and vagina including painful menstruation and "acidity of the vagina"; asthma; heart murmurs ("Masturbator's heart"); skin ailments ranging from acne to wounds; pale and discolored skin; and "an undesirable odor of the skin of women". (4) Note: There is no evidence to support claims of mental or physical harm caused from masturbation.

WHAT MYTHS HAVE/DO <u>YOU</u> BELIEVE?

<u>EROGENOUS ZONES</u>

Every part of your body is capable of feeling stiumlated.

A. breasts and nipples (female <u>and</u> male)
B. clitoris
C. penis - the under surface is generally more sensitive as well as the tip.
D. scrotum
E. vagina - inside and around opening
F. arm pits
G. neck
H. ears (ear lobes, outer ear, ear canal)
I. skin folds
   1. inner surfaces of skin at limb joints
   2. between toes, fingers, etc.
J. all body orifices.

<u>ORGASM</u> - "To define is to limit..."

It is important to communicate how individual orgasm (climax) is. We would be doing many (physically handicapped) young people a great disservice if we lead them to believe orgasm is essential in a certain way. There is no one "right" way to experience orgasm-like feelings. GENITAL SEX IS NOT A PREREQUISITE FOR HAVING SEXUALLY SATISFYING EXPERIENCES OR RELATIONSHIPS. Mental or physical stimulation causing feelings of excitement on any part

of the body can bring on the satisfying feelings of orgasm. Erotic fantasies are a safe medium to explore what turns us on.

EROTIC FANTASIES

Any thought, visual or auditory image that causes sexual arousal can be classified as an erotic fantasy; a convenient, readily available source of excitement. One woman shares, "I used to have a fantasy about Roy Rogers. I was in bed dying and he would come in and love me and masturbate me -- and every night I would have my orgasm and then I would drop dead in Roy's arms..." (5)

Many individuals enjoy masturbating while they fantasize, read an erotic book, look at erotic art and pornography. They let their imaginations go! And it's okay and natural. How many of you have had erotic fantasies?

A. Have each member of class choose a partner with whom he or she would enjoy sharing a sexual fantasy. Even if people are willing to share their feelings of discomfort about sharing fantasies, this too, can be a valuable exchange. How do you feel when you think of sharing a sexual fantasy?
B. Ask class members to report on popular songs, movies, advertisements, books, comics, music, etc. that might be sexually stimulating. These may be sought from the common, ordinary, everyday media; not necessarily limited to "X" rated events.

SHARING MASTURBATION

Disabled people may find this as a natural, convenient, pleasurable and practical method of sexual play - encouraging experimentation and exploration. Oral sex may also be discussed as a pleasurable method of sexual stimulation in any of the erogenous areas of the body, as well as the concommitant use of adaptive devices.

The role of staff personnel in any hospital or other domicilary residence as masturbation partners or facilitators is a question that merits much consideration.

ADAPTIVE DEVICES

A. Vibrators
   1. shaped like the penis
   2. shaped like the vagina
B. Dildoes -- rubber or plastic artificial penises
C. Whilrpool bath, Jacuzzi nozzles, portable shower head
D. Lubricants

PHYSICAL DISABILITIES RELATING TO MASTURBATION AND INTERCOURSE

A. Transverse lesion, flaccid paralysis
   1. male - usually no erections, no genital orgasm
   2. female - no clitoral erection, no genital orgasm
B. Spastic paralysis
   1. male - erogenous areas may be above level of lesion, reflex erection without genital sensation, no genital orgasm, infrequent ejaculation (may pass urine), may develop hypertension, perspiration, headaches
   2. female - irregular sensation, may develop muscular spasm, other factors similar to male
C. Spina bifida
   1. male - erections infrequent and varied, psychogenic and reflex may be possible, genital orgasm infrequent, ejaculation infrequent
   2. female - sensation usually absent, genital orgasm unusual
D. Cerebral palsy
   male and female - sexual stimulation may cause agitation, hyperactive reflexes make stimulation awkward, orgasm possible, premature ejaculation is common.

All of the above share these potential problems: motor incoordination may make self masturbation awkward or impossible. A partner that is not handicapped, less handicapped or differently handicapped can be very helpful. If sexual intercourse is attempted, additional problems may include the presence of a urinary catheter, spasm, and/or contractures may make positions difficult. Depending on which partner is handicapped in what way, satisfaction may still be attained with patience and experimentation.

E. Polio - no special problems
F. Muscular Dystrophy - male and female - reduced strength and stamina may be present

REVIEW QUESTIONS

WHAT DO YOU KNOW ABOUT MASTURBATION? (Either make up your own appropriate list of statements or have each student submit questions. You may use a few of the following as examples):

TRUE - FALSE

Masturbation makes hair grow on your palms.
Masturbation stunts your growth.
Masturbation is bad for sports.
Masturbation causes mental retardation.
Masturbation causes problems when you marry.

People can tell if you masturbate.
People who masturbate are perverted sexually.
Masturbation is a sign of immaturity.
People only masturbate when they are "hard up".
If a woman masturbates, she is no longer a virgin.
"Whacking off" is an expression for masturbation.
A male who masturbates frequently need not worry about birth control.
Women who masturbate more likely know what makes them feel good sexually.
Men who masturbate more likely know what makes them feel good sexually.
Orgasm from masturbating is inferior to orgasm achieved during sexual intercourse.
If a woman masturbates a man with hand or mouth, she can become pregnant.

BIRTH CONTROL

A. Individual vs. Common Responsibility
A handicapped person may have difficulties applying or inserting any mechanical or chemical contraceptive. Hormonal methods may be contraindicated. Therefore, the partner, if he or she is not handicapped, may have to use the appropriate contraceptive. Alternately, the non-handicapped partner may be able to apply or insert the contraceptive for his or her handicapped partner.

B. Effectiveness
For medical or other reasons, the absolute prevention of conception may be more important to the handicapped than to the non-handicapped.

C. Methods
1. Mechanical
   a. rubber condom (highly effective)
2. Chemical
   a. spermacidal creams, jellies, foams (fairly effective)
   b. diaphragm with spermacide (highly effective)
      (REMEMBER: The diaphragm works by virtue of containing the spermacidal agent against the mouth of the cervix. It, by itself is not a barrier to sperm.)
3. I.U.D. * (highly effective; different types becoming available)
4. Hormonal *
   a. The "Pill". Different combinations of estrogens and progesterons available. Some may be used to stop all menstruation if that is desired, for easier vaginal hygiene.

b. injections - still experimental, one injection needed every one, three or six months.

5. Rhythm Method (people who use this method are called parents) Can only be effective if the woman's menses are perfectly regular, if she always senses her own ovulation ("mittelschmertz") and when a special thermometer is used along with temperature charts to indicate "safe" days. NOT RECOMMENDED.

6. Withdrawal Method (totally unreliable)

7. Sterilization - totally effective, but also permanent. A simple surgical procedure which may be done easily in females (tubal ligation), and especially easily in males (vasectomy).

*3 and 4. Spactic persons have been reported at times to experience excessively unpleasant side effects such as increase in spasm.

D. How to decide.

An experienced and humane gynecologist can give the best advice in individual situations. Planned Parenthood is well equipped to advise.

VENEREAL DISEASE

A. Definition

Infections which are passed from one person to another by direct sexual contact (may be heterosexual and/or homosexual).

B. Possible Areas of Body Affected (different for different diseases)

1. Females
Genitalia, including vulva, Bartholin's glands, urethra, vagina and skin surrounding the genitalia.
Internal organs, including uterus (uncommon), fallopian tubes, ovaries.
Other areas of sexual contact, including anus and rectum, mouth, pharynx including tonsils.
Secondary areas of infection: lymph nodes, joints (arthritis).

2. Males
   Genitalia, including penis, urethra, scrotum and surrounding skin.
   Internal organs, including prostate gland, seminal vesicles, testicles, epididymus.
   Other areas of sexual contact, including anus and rectum, mouth, pharynx including tonsils.
   Secondary areas of infection: lymph nodes, joints (arthritis).

C. Specific Diseases (see following charts)

D. Prevention

1. Honesty (if you and your sexual partner are open with each other, you will each know if the other has had any risk of exposure from anyone else.)

2. Rubber condoms reduce risk for most venereal diseases.
3. Spermicidal creams and jellies have some protective effect.

E. What To Do If You Think You've Been Exposed

See a doctor or a V.D. clinic (hopefully, he will not only be medically competent, but understanding as well. TELL YOUR PARTNER(S)!!

DISEASE		MANIFESTATION	DIAGNOSIS	TREATMENT
Syphilis (lues) also "bad blood	spirochete (an organism larger than a bacterium, smaller than a parasite	male and female 1) Primary: chancre, small non-tender lesion with ulcerated center appears at area of contact (usually on skin of gentialia, near rectum, lips) Appears after 3-5 days for short time	1) Microscopic examination of material from lesion	1)antibiotics
		2) Secondary: skin rash over most of body - appears after 2-4 weeks; highly infectious at this time.	2) Same as 1 plus blood test	2) antibiotics
		3).Tertiary - brain & spine damage heart damage; rarely bone damage; appears years ofert infection.	3) Blood test & examination of spinal fluid	3) anticiotcs may prevent worsening, but damage may be incurable
		4) Congenital - passed in utero from mother to fetus; causes congenital defects & damage similar to tertiary.	4) Same as 3	4) Same as 3
Gonorrhea also "clap" "drip" "haircut"	bacteria	M. painful or burning urination (almost always). Discharge of pus from urethra (usually but not always). Can lead to urethral strictures. F. frequently no symptoms M & F.: can cause tonsillitis, rectal infection may cause few or no symptoms; untreated can cause sterility; can cause arthritis.	1) Microscopic examination and culture of discharge; no blood test available yet.	1) antibiotics
Chancroid	bacteria	ragged ulcer on genitalia, painful and tender. Swollen tender lymph nodes.	1) Microscopic examination of material from ulcers or lymph nodes; skin test	1) antibiotics
Granuloma inguinale	bacteria	similar to lymphogranuloma venereum (next page); causes scarring in groin areas; does not cause arthritis, conjunctivis and menigitis.	1) Microscopic examination	1) antibiotics

DISEASE		MANIFESTATION	DIAGNOSIS	TREATMENT
Lymphogranuloma venereum	virus type	1) small papule which becomes a painless ulcer, on genitalia 2) lymph glands later swell and drain pus. May cause arthritis, conjunctivitis & meningitis. 3) chronic lymph gland inflammation around genitalia may lead to elephantiasis	microscopic exam of pus or biopsy material blood test skin test	sulfa drugs antibiotics

Other diseases which may be associated with sexual activity but are not considered venereal diseases.

Trichimonas	1 celled parasite	M. usually no symptoms, may cause burning with urination. F. may have vaginal burning, discharge, itch, bad odor - may have no symptoms	microscopic exam of any discharge or of urine or by presumption	m. antiparasitic drug (oral)
Fungus infection (thrush) (candida) (monilia)	fungus; may occur without sexual contact. Common after use of systemic antibiotics	F. very similar to trichimonas	microscopic exam of discharge	vaginal suppositories or creams
Non-specific vaginities	bacteria	F. similar to trichimonas	direct exam	antibiotics
Non-specific urethritis (NSU - also non-specific prostatits)	bacteria	M. burning with urination, urethral discharge.	microscopic exam of discharge	antibiotics
Herpes genitalia	virus	F. similar to trichimonas, also sores on skin around genitalia M. sores on skin of genitalia	direct exam	very difficult to treat. Phototherapy being used

RELATING TO OTHERS

Objectives:

To relate nonverbally with awareness
To relate verbally with awareness
To become aware of different ways to interpret someone's friendliness
To become aware of how/when students relate to others on an emotional level
To become aware of characteristics important in choosing a date
To become aware of characteristics unimportant in choosing a date
To become aware of personal expressions of masculinity and femininity
To become aware of how we automatically classify information into sex roles
To become aware of the existing double standard in sex roles
To become aware of sex roles operating while love making
To become aware of how the advertising media reinforces role images and behavior
To discuss different aspects and interpretations of "making out"
To express fears, excitement, expectations of making out, petting and "going steady"
To inform students about homosexual and bisexual behavior and myths without bias
To share feelings and attitudes about homosexuality

NON-VERBAL AND VERBAL COMMUNICATION

A. Eye contact and facial expression
   Role play different ways of making contact and communicating different messages through eye contact and facial expressions.
B. Touching
   Each person has his or her own touch and own experience touching and being touched.
   1. In what ways were you touched as a child by your parents?
   2. Was/is touching to express anger (punishment) or affection acceptable at home? (The subject of punishment is highly interesting to bring up.)
   3. How did/do your parents express affection for each other non-verbally?...for your siblings?...for you?
   4. How do you express your affection to relatives, friends, etc.?
   5. Activities: each exercise is followed by "sharing time"
      (Note: you may want to clear the area and put mats on the floor for students to sit on. Adapt each activity appropriately. Don't hesitate to experiment.)
      a. back talk (eyes closed) a non-verbal back to back conversation. One back talks as another listens. You may add variations.
         1) have a back argument
         2) make up
         3) be gentle
         4) be playful
         5) slowly separate backs, experience your back, open eyes, and see your partner

b. palm dance -- face each other, eyes closed, palms together. Note: for those students requiring more body support, this exercise can be done with two wheelchairs facing each other. If students' handicap prohibits hand motion, use heads (face or forehead) or any parts of the body that do move.
   1) have a conversation -- dance with palms
   2) take turns leading at first until it just happens
   3) have a palm dance argument (or rejection)
   4) gradually make up and be gentle
   5) do a happy, fun palm dance
   6) dance as though you are in love, allow the dance to flourish into sweeping movements

c. class shake -- a good activity to start the class off, a way to say hello
   1) everyone mingles around the room shaking hands
   2) activity progresses to everyone shaking each others' arms, legs, etc. - whatever is shakable

d. slapping on shoulders conversation -- eyes closed (hard slap = loud voice, soft slap = soft voice, etc.)
   1) tell a funny joke
   2) have an argument
   3) gradually make nice to each other

e. crawling into a pile -- with eyes closed
   1) everyone starts crewling on floor mats toward the center
   2) be aware of and take time to experience what you are touching, being touched and crawling over other
   3) when pile is completed, open eyes...what felt good? what didn't feel good?...how did each of you experience yourself?...each other?

TURNING OURSELVES ON AND OFF TO OTHERS

A. What are the things that attract you to girls?...to boys?
B. What turns you off to girls?...to boys? What bugs you about the opposite sex?...your own sex?
C. Describe the "perfect" partner. Categories may include appearancce, personality, intelligence, social class, etc.
   1. What are the characteristics in this "perfect" partner that you see in yourself?
   2. The "perfect" person would be just like me <u>except</u> for:.....
D. The Dating Game
   1. Ask each student to bring four pictures to class from magazines, albums, newspapers, etc., two pictures of persons of the same or opposite sex that turn them on, and two that turn them off.
   2. Make up and read (one at a time) descriptions of different types of teenagers, omitting the gender, thus incorporating the awareness of sex roles and how they affect our relationships. Each student rates how they would like to date the person described. Individual responses are essential as opposed to group concensus.

      RATING SYSTEM: 1 through 5
      1 This person <u>really</u> turns me on!
      2 I would enjoy dating this person very often
      3 I would occasionally date this person
      4 I would not date this person
      5 I don't want to know this person

3. After each student has rated the person described, each student shares his or her rating.
4. Show class a picture of the person described (teacher chooses from pictures that students have brought to class.) Students now give another rating with the added visual information.
5. Discussion - questions like "what happened to change your desire for that person?" This is an excellent time to point out how much they too make judgements about other from just looking at them. Offers a new perspective to students in understanding non-handicapped world; how they are very much a part of that world in the way that they view people.
6. For variation, show picture first, rate, read description, rate again. Talk about the judgements, feelings, attitudes, images, individual needs and desires experienced.

E. Making Out and Petting
   1. Kissing
      a. what different kisses communicate in different situations
      b. how can you tell the difference between a friendly kiss (non-sexual) and a sexual kiss? Would a "French kiss" be appropriate to give to....your father?....aunt?.... sister?....new friend?....boy/girl friend?
   2. What is "petting"?
      a. above the waist, below the waist, outside clothing, underneath clothing.
      b. when and where would each be appropriate or inappropriate?
      c. with whom?

F. Going Steady
   1. What does it mean to "go steady"?
   2. Why? Why not?
   3. Who decides? Who agrees? How do you reach the decision?
   4. What commitments are involved?
   5. Who does what when you are part of a couple?

SEX ROLES

Being masculine, being feminine, being both

A. Activity: Ask students to look up the definition of "Masculine" and "feminine" in the dictionary. You will discover that the dictionary, by definition, creates the illusion of "feminine" as being inferior to the meaning of "masculine". Your class may enjoy redefining "masculine" and "feminine" for future reference.

B. SEX ROLE AWARENESS EXERCISE: (Clarice Stohl, PhD.)

(Teacher: read this out loud yourself or share the reading with a person of the opposite sex.)

"The following experience is an invitation to awareness in which you are asked to feel into and stay with your feelings through each step, letting them absorb you. Stop yourself whenever you start intellectualizing. File in your mind those topics on which you started intellectualizing. Then go back into your feelings again. You may feel a gamut of emotions -- pleasure, anger, humor, jealousy, pride, and others. Just let them occur as we progress. Save your analysis or logic for afterwards.

"Consider reversing the conventional images of man and woman. Think of it always being that way, every day of your life. Feel the ever-presence of woman and non-presence of man. Absorb what

it tells you about the importance of being woman -- of being man.

"Recall that everything you have ever read all your life uses only female pronouns -- she-her -- meaning both boys and girls, both men and women. Recall that most of the voices on radio and most of the faces on TV are women's. When important events are covered, they are about women. Most late night talk shows have women guests and are hosted by women.

[illegible] into the fact that women are the leaders, the power-centers, the prime movers. You have no male senator representing you in Washington, and only a dozen men are in the House of Representatives. No man has ever been President or Supreme Court Justice. As a child, you remember learning early that only a woman could ever be President.

"Go back to childhood. Recall that your father was the closest person in your early years. He cared for you and the house while your mother was out working. The men can recall being close to their fathers, imitating them, and looking forward to the day when they too could have houses of their own to care for. The women can recall loving their fathers, yet wondering what it was like out there, where their mothers were. The only women they saw in books were policemen, firemen, and Presidents; on TV they were soldiers, detectives and cowgirls. Mother was none of these: she wore work-clothes or a suit and wasn't a violent person.

"The men recall how they were relatively free until puberty. They could be tomgirls and play rough sports with the girls. Then they were told to "act like a man", that is be passive, nuturing, obliging, non-sexual. They were warned to protect their bodies from the assaults of girls. They had to learn proper ways to dress and sit. They worried about their looks and spent many hours with the other boys talking about cute girls and how to be attractive to them. In high school, a boy learned to stop doing too well in class. If he was bright, he was directed toward "men's" jobs -- nursing, school teaching. If he was average, he was encouraged to find a wife and to support himself as a secretary or boy friday in the meantime.

"Woman too can recall her youth. Although she was freer than boys, she was also intimidated by adults more often. Her parents pressured her to do well in school and become an "all-around woman". Sports would hurt, but she was not allowed to complain, or the coach would say "you act just like a boy". Sometimes her feelings would well up inside her, but, unlike her brother, she was not allowed to cry. In high school some of the other girls formed a gang who bullied her if she ever showed signs of being a sissy, such as enjoying music, art or hugging a girlfriend out of joy. She became very fearful of becoming a homosexual and, in time, became disgusted with them. Although she was free to initiate dates with boys, this also made her vulnerable to rejections. She was supposed to be good at sex, when really she didn't know much and felt foolish or incompetent many times. Sometimes she had sex just to prove to the others that she was a "real girl". She got so she couldn't help being aroused all the time by boys, and learned to lie to them without feeling too guilty. At night,

when on the town with other girls, police would stop and harass them, even though they were simply standing on the street and talking. In time, she learned to look safe, by dressing conservatively and not disagreeing too strongly with other women.

"As adults, women and men would easily explain why it was so important for each to play specialized roles in society. It is only natural. The woman devotes her entire body to the race during pregnancy -- the most revered power known to woman (and man, of course).

"Feel into the obvious biological explanation for woman as the ideal: her genital construction. By design, female genitals are compact and internal, protected by her body. Male genitals are so exposed that he must be protected from outside attack to assure perpetuation of the race. His vulnerability obviously requires sheltering. When males have medical problems, they are placed on a special table where their legs can be placed in stirrups to allow the doctor, a woman, ease of examination of his genitalia.

"By nature males are more passive than females and have a desire in sexual relations to be engulfed symbolically by the protective body of the woman. Males psychologically yearn for this protection, fully realizing their masculinity at that moment and feeling exposed and vulnerable at other times. A man experiences himself as a "whole man" only when there is a woman through which he can relate to the world.

"If the male denies these feelings, he is unconsciously rejecting his masculinity. Therapy is indicated to help him adjust to his own nature. Of course, therapy is administered by a woman who has the education and wisdom to facilitate openness leading to the male's growth. A healthy man should accept his nature and not aspire to womanly traits, such as independence, power expressions, adventureousness, and such.

"Since she is free to move, the woman is encouraged to develop her body and mind in preparation for her active responsibilities of adult womanhood. All international relations are managed by women. Women staff and run the armies. Women have been raised to be aggressive, own most of the guns and commit most of the crimes. Women kill each other, while hardly ever does a man attack or kill another man. Men fear sexual assault from strange women at night and will stay at home rather than go out alone.

"Women often associate together in bars and private clubs where business and serious matters can be discussed free from the domestic demands of husbands. In fact, they are often secretly bored in these settings, so sometimes there is special entertainment. Young men strip before the women. Some have even had their genitals surgically enhanced in order to receive more acclaim as show business personalities.

"Men are given sedentary jobs, such as typing work, or service jobs that pay little. Most men with college degrees obtain clerical positions when they graduate. Many women graduates with much lower grade averages will go on to law school, medical

school or other professional training. When men work in the same jobs as women, they get less pay. This is considered to be acceptable because it is believed that men are temporary workers who do not want much responsibility. Besides, their first duty to society is the running of their homes.

"Over half of all women work in blue-collar jobs and earn a salary that allows for no luxuries and no emergency funds. She often works two jobs for the sake of her family, who meanwhile becomes distant from her. By middle-age she is bitter and isolated. White-collar women fare little better. Only a few make the room at the top, and achieve the affluence splashed about the media. These women have been told all their lives that success would be rewarded. When it isn't, they blame themselves and carry their shame for being poor women inside.

"Women will have a much greater alcoholism rate. During adolescence, five times as many women as men will die in auto accidents. Women will have a life expectance seven years less than men, due much to heart disease and cancer. Yet she will continue to smoke, eat a rich diet, and drink in spite of health warnings. She is too tired to exercise, while her husband, though overtaxed by household labor, at least maintains his physical condition. Since she has been taught to cut herself off from her body and its feelings, the typical woman will not see a doctor until her illness is long progressed.

"Woman does not always understand why man can enjoy children much of the time. Man knows that domestic work is very important and wonders why society fails to recognize it as well. He wonders why so many services are open only during day hours when his wife is at work and why he has to drive so many places. He often complains that the inventions developed by women have not really made housework any easier. Like his grandfather, he puts in a 70 hour week around the house, even if he works full-time. The worst part is that he can't quit, never gets a raise, and the work never ends. He is "just a househusband", something deserving of more credit than he gets.

"Man and woman are often mystified with each other and find it difficult to talk. Yet they continue to fall in love and desire to be with each other. They want to show love to each other, but where is the time? Why is woman so uncommunicative? Why is man suddenly complaining about his lot? The man is always blaming himself when troubles occur, admitting that he's just a neurotic male. The woman hides out in sullenness or a drink. It should be very easy for them to speak and love. They both laugh, sing, dance, scream, shout, run, touch, smile, talk, slap, hide, sleep, suffer, eat and die. Sometimes they sense this. They know the gulf can't be so vast. They look around for someone to help them get together. Maybe it will be you. What would you say?"

Pause here; allow time for this to sink in, and then get your class' reactions.

C. How do each of you express your feminine side, your masculine side; ie., your ying and your yang; ie., your right side, your

left side? To understand and accept the feminine parts of a woman or a man, it's important that you understand those feminine parts in yourself. To understand the masculine side of a woman or a man, understand the masculine side or parts of yourself. If you allow yourself to understand and accept all of these parts, you will be that much closer t[o] experiencing yourself as a "whole person"!

D. How would someone "feminine" do the following? How would someone "masculine" do the following? (Play acting activities for your class.)

1. hammer a nail
2. arrange flowers
3. look in the mirror
4. smoke a cigaret
5. drink
6. eat
7. tell a joke
8. cry
9. laugh
10. express being hurt - physically, emotionally

E. Expectations Associated with Sex Roles

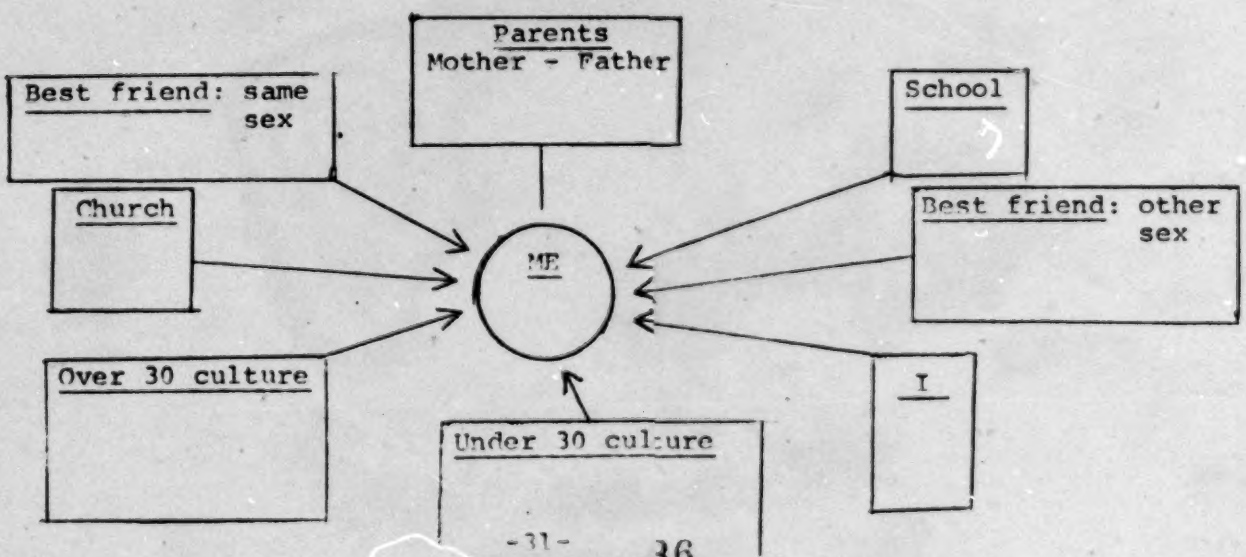
1. List experiences and feelings associated with the following:
   a. My mother always said, "boys should....."
   b. Because I am a boy, I didn't have to.....
   c. My mother/father always said, "boys shouldn't....."
   d. My father/mother always said, "ladies don't....."
   e. My father/mother always said, "ladies should....."
   f. Because I am a girl, I don't have to.....
   g. Because I am a girl, I have to.....

2. Write the male counter-part to these female words·
   a. nymphomaniac
   b. old maid
   c. spinster
   d. broad
   e. chick
   f. shrew, etc.

   Do both counter-parts have equal status? Which are more of a put down? Create some male words and find female counter-parts. (Not so easy!)

3. Wants Me To Be Chart[2]
   Student concentrates on each square and decides (whatever first pops into mind) what they feel each person or institution wants them to be. Share with a partner who you really are.

WANTS ME TO BE
(Adjectives, Activities, Vocations, etc.)



F. The Advertising Media reinforcing traditional sex role images:

Class members collect advertisements appealing to sex role images, male chauvinism, etc. and make a class collage.

HOMOSEXUALITY - HOMOSENSUALITY

Objectives:

To learn what homosexuality is
To become familiar with the myths associated with homosexuality
To be able to distinguish the difference between homosexuality and homosensuality
To become aware of sexual barriers in same-sex behavior
To express feelings about same-sex behavior
To become familiar with bisexual behavior
To become acquainted with terminology used to identify and understand different homosexually related behavior
To explain and discuss the difference between homosexual exploration when growing up, and homosexual activity as an adult by choice
To discuss homosexuality as a life style, as one choice, just as heterosexuality

Homosexuality, more than any other topic, may inspire many judgemental attitudes, moralizations and anxieties - probably more so with administrators and parents than with the children or patients. More than any other style of sexual interaction, same-sex behavior may be the most convenient for patients confined to hospital wards segregated by sex. It is the only style of behavior where reproduction, which may be strongly medically contra-indicated, is absolutely impossible, thereby making same-sex practice even more convenient and desirable than opposite sex interactions. This is not to endorse any sexual preference or to condemn it, only to explore, evaluate and understand.

What is a homosexual?

A. Teacher gives examples of situations associated with common myths and asks the students to decide if the person/people involved would be considered lesbians or homosexuals. Some examples may include:
   1. two teenagers who enjoy swimming nude together
   2. a young man wearing an earring
   3. two men walking down the street holding hands (You may point out later that this is common behavior in the Middle East.)
   4. two men greeting each other - kissing on the lips
   5. two women kissing each other on the lips as they meet
   6. a man who massages men at a sports club
   7. a man who gets massaged by a man at a sports club

B. Explain the difference between homosensual behavior and homosexual behavior

C. Ask class to indicate examples of same-sex behavior that bothers them; that turns them on. List on board. (Same-sex behavior among men is usually more disturbing than with women - discuss male image and roles in society.)

Exploring your own sexual barriers with the same sex 2 Calderwood. About Your Sexuality

A. Hand out papers with drawings of two girls, titled: "Good Friend". Label one figure: "in public". Label the other girl: "in private". Do the same with the male figures. (No need to write pupil's name on sheet. Only the sex of the student should be indicated with an M or F.)

B. Ask students to shade in the parts of the body he or she would feel comfortable touching, depending on the sex of the friend and whether the touching occurred in public or private. (Allow each student privacy during this exercise.)

C. When class finishes put the papers which were shaded by boys in one pile, and those shaded by girls in a separate pile.

D. Invite the students to inspect each pile separately and invite their responses.

E. Some leading questions may include:
   1. Are there differences in the parts the boys and girls shaded in?
   2. Do boys seem more or less comfortable touching someone of their own sex?
   3 Are there differences in the boys' responses?....the girls'?

F. Experiments for social awareness of homosexual behavior
   1. Have boys pair off and girls pair off
      a. boys hold hands or put their arms around each others' waists and walk together down the halls
      b. girls do the same
   2. Share feelings and reactions
   3. Ask girls how they felt seeing the boys holding hands and vice-versa
   4. Discuss news articles concerning two young men who applied for a wedding license, or other current events concerning homosexuality.

BISEXUAL BEHAVIOR

Can a person like boys and girls? (men and women?)
Can they love both men and women?
Can they enjoy sexual activity with both men and women?
Discuss how we are all bisexual in certain ways. (Re-examine the exercises and drawings used previously.) It is usually just a matter of degrees of preference for different behavior.

The ultimate conclusions about homosexuality will be to blur, rather than to clarify, the differences between homosexuality and heterosexuality. The goals are to become aware of the similarities in all of us, not the differences. The purpose of this is to decrease anxieties about labels by understanding that mixed and changing feelings in all of us are natural, common and okay. Problems most often arise when we don't accept what we feel within ourselves. If we accept these feelings, then we can at least speak of them, share questions and ultimately allay our anxieties. Then we can get on with enjoying ourselves, which is, after all, what sex is all about.

TERMINOLOGY ASSOCIATED WITH HOMOSEXUAL BEHAVIOR

Transvestitism (cross dressing): obtaining sexual gratification from dressing in clothes of the opposite sex. Not a homosexual phenomenon.

Transsexualism: the condition of people who have the conviction that they belong to the opposite sex. A transsexual is a person who lives the role of the opposite sex before or after surgical and legal sex reassignment. Not a homosexual condition.

Hermaphroditism: the coexistence in an individual of the sexual organs or vestiges of the sexual organs of both sexes. Not a homosexual condition (very rare in humans, more common in some lower animals and plants).

Female Impersonation: male actor who takes the role of a female. May or may not be homosexual.

In Drag: homosexual male in the clothing of a female. Also describes the homosexual male who wears extreme leather motorcycle outfits.

HOMOSEXUALITY AS A LIFE STYLE

It is a fact that in the United States today, homosexuality is viewed by many with fear and repugnance. In most states, laws exist that make many homosexual acts illegal. In fact, many heterosexual acts are also illegal. Nevertheless, many persons are today declaring themselves publicly as homosexuals. Anyone who flaunts public opinion may have to face consequences, unfair though they be, which can include ostracism and discrimination, if not actual open hostility. This may not be the case in ten years, but it is true for today.

With the lack of privacy in the hospital environment of many handicapped persons, the risk of disapproval from non-sympathetic personnel is great. Education will hopefully overcome this in time.

Homosexual couples, however, can have very successful and happy lives in our present society when they are prepared to accept the additional social disapproval that may befall them. Social and political organizations exist to provide support and encouragement to persons who have chosen homosexuality for themselves. Homosexual marriages are becoming more common.

On the other hand, a gay man or woman may choose to hide his or her sexual preferences when publicly visable. Or a person may have two separate lives; public and private.

Choices are available. Support is available. Understanding is absolutely necessary for any teacher, whether he approves or disapproves.

SEXUAL INDEPENDENCE

Objectives:

To share feelings and experiences about privacy and intimacy
To become aware of individual physical limitations in areas of expression of and carrying out of intimate activities
To become aware of psychological attitudes that limit intimate expressions
To become aware of choices available that can help to allow expression in areas of affection and sexual contact

To understand how handicapped persons may be limited by those around them (parents, hospital personnel) from sexual expression
To learn how to communicate these problems to those who care for the handicapped
What are the sexual rights of a handicapped person?
To consider how a facilitator may assist a handicapped person or couple achieve sexual satisfaction

The following is a situation in which a severely disabled young adult may find himself. Here he (or she) is learning about his own sexuality, learning how to experiment and explore his own body, finding ways to experience sexual pleasure and satisfaction. He is also discovering physical limitations that make certain expressions difficult. For this to be satisfactorily experienced, either alone or with a partner, he may very well wish this to be an intimate private experience. He may thus require a certain degree of independence from his family, or from his institutional environment where he lives. Conflict may arise when this separateness is needed for feelings of intimacy or privacy, but there still remains his physical dependence for bodily manipulations, positioning, dressing, etc. And the problem may be further compounded if this experience is to be with a partner who is also severely handicapped. If the family or institutional attendants have not come to terms with sexuality for the handicapped family member or patient, you can imagine the discomfort everyone may experience. This is a time (better before the occasion arises) when the disabled individual must get in touch with his rights as a sexual human being.

There are no simple solutions to this problem. All the activities outlined previously in preceding discussions are designed to enlighten handicapped persons themselves, their parents and families, their teachers, their therapists, and their hospital attendants about sexuality, its "normalness", about different ways of expressing sexuality and most important, to allow all parties concerned to be able to communicate freely about problems and anxieties, and therefore enable all to deal with <u>people</u>, with <u>feelings</u>, with fantasies and desires, and with embarrassment.

Privacy and intimacy are very personal concepts and needs, meaning different things to different people. It is an area to explore and discuss openly with all persons concerned for understanding and clarity.

The objectives at the beginning of this section may be used as discussion topics. The answers to the questions are whatever answers develop from the discussion.

A brief word about the facilitator concept. A facilitator may be anyone that turns the lights low or hangs out the sign "Do Not Disturb" on a patient's door. It may be a person who rolls one patient's wheelchair into another patient's room and then discreetly leaves. With more trust and closeness, it may be the attendant that undresses two patients who may be unable to undress themselves, and lets them have some private time together in one patient's room or the other. It could be a friend who helps their disabled friend to masturbate. Or it may be a friend that helps a disabled couple that feels ready to experiment, to position themselves for some kind of mutual sexual pleasuring. Some people or institutions may be uncomfortable in allowing that kind of intimacy. Some may feel comfortable. All options are open, but only with mindfulness, caring and respect, and with fully open communication between the handicapped person, and his/her attendant or facilitator.

APPENDIX

Techniques and Activities for Parents/Students

1. A beginning activity:
   a. Make a list of seven things you hope we talk about.
   b. Make a list of seven things you hope we don't talk about....these are probably the tings we would grow most from and need most to talk about and communicate with each other (and our partner). (Sharing lists are voluntary.) - a time to create an awareness of trust, allowing each person to give himself permission to feel, react and experience him-/herself.
2. Beginning activities for "Understanding Our Body"
   a. List on the board the following subjects:
      1. Male Sex System
      2. Female Sex System
      3. Masturbation
      4. Seminal Emissions
      5. Menstruation
      6. Making Out, Petting
      7. Intercourse
      8. Reproduction
      9. Birth Control
      10. Homosexual Behavior
      11. Slang Terms
      12. Venereal Diseases
      13. Being Masculine
      14. Being Feminine
   b. Ask students, "Which would you like to know about and discuss?" List five subjects according to your first choice, second choice, etc.
   c. Ask students, "Which five subjects would you not like to know about or discuss?" List subjects, as in b.
   d. Each student reads through and checks off lists such as:
      1. "Typical Questions from Junior High Boys/Girls About Sex"(2)
      2. "Sex Concerns Checklist" (male) and (female) adaptations can be made from the "What Is Normal Checklist" by Dr. Lester A. Kirkendall.
      3. Sex Knowledge Inventory - Form X revised by Celolo McHugh - Family Life Publications, Inc., Durham, North Carolina.
      4. Question Box - anonymous
   e. Getting to know your body - personal activity - suggest that each student, especially the young women, spend some time alone looking at her genitalia with a hand mirror in the privacy of her bedroom.

RESOURCES

Breast Self-examination Sheet (with illustrations) free

Write to: American Cancer Society
18 Mary Street
San Rafael, California 94901

"Questionaire on Birth Control and VD"
"Ambiguous Questionaire" (19 statements covering sexual beliefs and behavior)
Write to: Planned Parenthood - Marin or check your local area

National Sex Forum
540 Powell Street
San Francisco, Ca. 94108

Glide Unitarian Church
% Mr. McKinley for information re: About Your Sexuality Kit by Deryck Calderwood
San Francisco
tel. (415) 776-4580

RESOURCES

U.C. Medical Center
Human Sexuality Program
% Susan Knight
727 Parnassus Ave.
San Francisco, Ca.
Tel: (415) 666-4787

Human Sexuality Foundation
1114 Irwin St.
San Rafael, Ca. 94901
Tel: (415) 453-6162

Center for Independent Living
2054 University Ave., Room 210
Berkeley, Ca. 94707
Tel: (415) 841-4776 (open M-F, 9-5)

Sex Knowledge Inventory
Form X revised by Gelolo McHugh — Family Life Publications, Inc.
Durham, North Carolina

Montagu, Ashley, Touching, Columbia University Press, Toronto, 1971

Roth, Philip, Portnoy's Complaint, Random House, N.Y.

Friday, Nancy, My Secret Garden - women's sexual fantasies, Trident Press, N.Y.

Job Experience Kit
Elementary level- activities applicable to different professions - by Educational Research Institute

Next level: Occupational Emphasis Kit - Occupational Exploration - by Educational Research Institute

Next level: "The World of Work on the Job" (Preparation for Work) by Educational Research Institute

Gordon, Dr. Thomas, P.E.T. (Parent Effectiveness Training) N.Y. Peter H. Wyden, Publisher, 1970

Gordon, Dr. Thomas, T.E.T. (Teacher Effectiveness Training) N.Y. Peter H. Wyden, Publisher, 1974

Anatomy - three dimensional models, sturdy plastic

Hubbard Scientific Co.
P.O. Box 105
Northbrook, Ill. 60062

Latex rubber - Butler and Doerfler, Inc.
32 E. 10th Street
New York, N.Y. 10003

Medical models - Denoyer - Geppert
5235 Ravenswood Avenue
Chicago, Ill. 60640

RESOURCES

Free material on menstruation: Scott Paper Co., Home Service Center
International Airport
Philadelphia, Pa.

Tampex, Inc.
Education Dept.
5 Dakota Drive
Lake Success, N.Y. 11040

Kimberley-Clark Corp.
Neenah, Wisc. 54956

Personal Products Corp.
U.S. Highway #1
Milltown, N.J.

Anatomy Chart showing sexual male and female anatomy separately and in drawings of male and female bodies in proper perspective. Write to: Planned Parenthood
185 No. Wabash Avenue
Chicago, Ill. 60601

Cost: $4.00

(For Teaching Aids): Family Life Publications
P.O. Box 427
Saluda, N.C. 28773

SIECUS (Sex Information & Education Council of U.S.)
1855 Broadway
New York, N.Y. 10023

Multi-Media Resource Center
540 Powell Street
San Francisco, Ca. 94100

Gloria J. Blum
507 Palma Way
Mill Valley, Ca. 94941

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1. Geiger & Knight, Medical Aspects of Human Sexuality, March 1975

*2. Calderwood, Deryck, About Your Sexuality (kit & brochure) Universalist, Assoc., 25 Beacon St., Boston, Mass. 02108. Cost: $130.00. Enough excellent material to conduct 30-40 one & one-half hour sessions. Contains student's workbooks; a set of twelve leader's guides covering: 1) How to Begin the Program, 2) Birth Control, 3) Femininity, Masculinity, 4) Love Making, 5) Making Out, 6) Male and Female Anatomy, 7) Homosexual Life Styles, 8) Masturbation, 9) Same-sex Relations, 10) Conception and Child Birth, 11) V.D., 12) A carefully designed film strip "Breaking the Language Barrier' helps students and teachers become comfortable with the language (both slang and technical) of sexuality. (may be ordered separately from: Deryck Calderwood 27 Harvey Dr., Summit, N.J. 07901 - for $7.50), 13) a series of recordings on reflections of first love-making experiences, interviews with homosexuals, and bisexuals sharing experiences.

3. Katchadourian, Lunde, Fundamentals of Human Sexuality, Holt, Rinehart, and Winston, Inc., N.Y., 1972

*4. Heslinga, K. Schellen, Verkuyl, Not Made of Stone, Charles C. Thomas, Publisher, p.301-327, East Lawrence Avenue, Springfield, Ill. 62717, 1970

*5. Dodson, Betty, Liberating Masturbation, A Meditation on Self-Love, Bodysex Designs 121 Madison Avenue New York, N.Y. 10016, 1974

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8. Alfred Kinsey, et al, Sexual Behavior in the Human Male, Saunders Co., Philadelphia, 1948, p.639

9. Bibliography of Sex Education Books, The Multi-Media Bibliography, Multi-Media Resource Center 540 Powell San Francisco, Ca. 94108. ($3.90 includes postage) A fully annotated book list with critique. Contains over 200 recent publications. Information on films. tapes, curriculum guides, books.

10. Kempton, Winifred, "Guidelines for Planning a Training Course on Human Sexuality and the Retarded" Planned Parenthood, Southeastern Penn., 1973

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